

City of Hiram
VENDOR APPLICATION
 217 Main Street
 Hiram, Georgia 30141
 (770) 943-3726

Company Name		Phone	
Company Address (to Remit Payment)		Fax	
		e-Mail	

Tax Information (Please complete W-9 (included))

Federal Tax ID# or SSN#		
<i>Individual</i>	<i>Partnership</i>	<i>Corporation</i>

(Circle One)

Name of Officers/Owners/Partners		Business Classification	
President		1st	
Vice-President		2nd	
Secretary		3rd	
Treasurer			
Owners/ Partners			

Normal Selling Terms			
Discounts Extended to City of Hiram			
Return and Refund Policy			
Business License Issued by:		License #	

References

Name	Address	Phone#

I have received a copy of the "Vendor Requirements" for the City of Hiram and understand those requirements for filling and invoicing orders to the City of Hiram

Signed: _____ **Date:** _____